

Kidney Specialists of New Mexico, P.C.

717 Encino Place NE, Suite 26 • Albuquerque, NM 87102 • Phone: (505) 884-4545 • Fax: (505) 884-4114

PATIENT INFORMATION		
Name:	SS#	DOB:
First MI Last		
Address:		
City, State:	Zip:	Email:
Home Phone:	Cell Phone:	Work Phone:

PATIENT EMPLOYMENT	
Employer:	Occupation:
Work Phone:	

Marital Status: Single Married Divorced Widowed

Sex: Female Male

Spouse Name: Employer:

Occupation: Work Phone:

Preferred Communication Method:	Pharmacy:
Referring Physician:	Location:
Primary Care Physician:	Phone:

DEMOGRAPHIC INFORMATION	
RACE:	ETHNICITY:
<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Non – Hispanic
<input type="checkbox"/> African American	<input type="checkbox"/> Decline
<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Other	

EMERGENCY CONTACT		
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

PRIMARY INSURANCE		
Primary Insurance:	ID #:	Group #:
Member Name:	DOB:	SS#:
Secondary Insurance:	ID #:	Group #:
Member Name:	DOB:	SS#:

All professional services rendered are charged to the patient and the patient is financially responsible for all charges. I agree that in the event my insurance company denies payment that I am ultimately responsible for any unpaid balance on my account.

It is the patient's responsibility to provide any referrals required by your insurance company prior to your appointment. It is also the patient's responsibility to verify that we have complied with all of your insurance company's requirements regarding authorization of any testing and/or procedures recommended by any physicians of Kidney Specialists of New Mexico, P.C.

Insurance Authorization and Assignment: I hereby authorize Kidney Specialists of New Mexico, P.C. to furnish information concerning my illness and treatment to my insurance carrier to process claims for medical benefits for me and/or my dependents. I hereby assign to Kidney Specialists of New Mexico, P.C. all insurance payments for services rendered. A photocopy of this authorization may be honored.

Signature: Date: